24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Our Principles PAC							
	C C00603621						
Check if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee	Date of Public Distribution/Dissemination						
DDC Advocacy	04						
Mailing Address 805 15th Street, N.W.	Amount						
Suite 300	Amount						
City State Zip Code	35934.77						
Washington DC 20005	Transaction ID : SE.5438 Date of Disbursement or Obligation						
Purpose of Expenditure Online advertising Category/ Type	M = M / D = D / Y = Y = Y						
Name of Federal Candidate Support Office	e Sought: House District:						
Donald J. Trump Oppose	President Senate State: MD						
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	other (specify) ► General						
Full Name of Payee	Date of Public Distribution/Dissemination						
DDC Advocacy	04 22 2016						
Mailing Address 805 15th Street, N.W.							
Suite 300	Amount						
City State Zip Code	5152.20						
Washington DC 20005	Transaction ID : SE.5455 Date of Disbursement or Obligation						
Purpose of Expenditure Voter contact-telephone calls Category/ Type	M = M / D = D / Y = Y = Y						
Name of Federal Candidate Support Office	e Sought: House District:						
Donald I Trump	President Senate State: MD						
	ursement For: Primary General						
Per Election for Office Sought 0.00 2016	Other (specify)						
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Jamie Jodoin [Electronically Filed] Date	4 23 2016						
Signature							

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	-				F	OR SE OF	FORM 24/48
	COMMITTEE (In Full)				FEC IDE	NTIFICATION	N NUMBER ▼
Our P	rinciples PAC				C co	00603621	
Check if	24-hour report 48-hour report	New rep	ort Amends repo		/ / / /	D D /	Y Y Y Y Y
	ame of Payee C Advocacy			Date	of Public D	Distribution/	Dissemination
	•				04 /	22	2016
Mailin	g Address 805 15th Street, N.W. Suite 300			Amou	ınt		
City		State	Zip Code				7405.74
	nington	DC	20005		saction ID of Disburs	: SE.5467 ement or C	Obligation
	se of Expenditure contact-telephone calls		Category/ Type		/ M / /	D D /	Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	nt:	House	District:
Dona	ld J. Trump		Oppose	X Presid	ent	Senate	State: PA
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disbursemer 2016	nt For: \sum	✓ Primary eifv) ►	General
Mc	lame of Payee Carthy Hennings Whalen, Inc. g Address 1850 M Street, N.W., #235				04 /	Distribution/	Dissemination Y 2016
City		State	Zip Code				2187.48
Wasl	nington	DC	20036		action ID: of Disburs	SE.5446 ement or C	Obligation
	se of Expenditure a production		Category/ Type		M M /	D	Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	ht:	House	District:
Dona	ld J. Trump		X Oppose	X Presid	lent	Senate	State: MD
	Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disbursemen 2016	nt For:	Y Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TO	TAL Independent Expenditures			•		-7-	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Jamie Jodoin	[Electron	ically Filed] Date	e 04	23	/ Y Y 201	
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OF

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 3 OF 3 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Our Principles PAC		C C00603621				
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee Mentzer Media Services, Inc.	Date	e of Public Distribution/Dissemination				
Mailing Address 210 W. Pennsylvania Avenue		04 22 2016				
Suite 250	Amo	ount				
City State Zip Co	ode	312281.00				
Towson MD 21204		nsaction ID : SE.5449 e of Disbursement or Obligation				
Purpose of Expenditure Media placement Cate	egory/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate	Support Office Sou	ght: House District:				
Donald J. Trump	X Oppose X Presi					
Calendar Year-To-Date Per Election for Office Sought	0.00 Disburseme 2016	ent For:				
Full Name of Payee	<u> </u>	te of Public Distribution/Dissemination				
Tuli Name of Fayee	Dail	M M / D D / Y Y Y Y Y				
Mailing Address						
	Ame	ount				
City State Zip C	ode					
	Dat	te of Disbursement or Obligation				
Purpose of Expenditure Cate	egory/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate	Support Office Sou	ight: House District:				
		President Senate State:				
Calendar Year-To-Date	Disbursem	ursement For: Primary General				
Per Election for Office Sought	<u> </u>	Other (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures	······	312281.00				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	······································	362961.19				
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.						
Jamie Jodoin [Electronically F	Filed] Date 04	23 2016				
Signature						